PTO/SB/17 (12-04)

Complete if Known

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|---|---|--|-------------------------------------|----------------|------------------------------------|------------------|
| Fees pursuant to the Consolid | | <u> </u> | Application No | umber 10/764 | 1,808 | |
| FEE TRANSMITTAL | | | Filing Date | Janua | January 26, 2004 | |
| Fo | r FY 2 | 005 | First Named I | nventor Alan C | 3. Yates et al. | |
| Applicant claims amal | Examiner Nar | ne T.T.T. | T.T.T. Le | | | |
| ✓ Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | 2839 | | |
| TOTAL AMOUNT OF PAY | MENT (\$) |) 225.00 | Attorney Dock | tet No. GLT-0 | 001 | |
| METHOD OF PAYMEN | T (check al | I that apply) | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | |
| Deposit Account Deposit Account Number: 19-0590 Deposit Account Name: Schneck & Schneck | | | | | | |
| | | account, the Director is I | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | | | | |
| information and authorization | on PTO-2038 | • | | · | | |
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| BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES | | | | | | |
| Application Type | Fee (\$) | Small Entity | Small Entity | _ Sma | II Entity | Fees Paid (\$) |
| Utility | 300 | Fee (\$) Fee 150 500 | | | ee (\$) .00 | 7 000 7 414 (4) |
| Design | 200 | 100 100 | | _ | 65 | |
| Plant | 200 | 100 300 | | | 80 | |
| Reissue | 300 | 150 500 | | | 100 | |
| Provisional | 200 | | 0 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | |
| $\frac{2}{\text{HP}} = \frac{0}{\text{highest number of independent claims paid for, if greater than 3}} \times \frac{0.00}{\text{HP}} = \frac{0.00}{\text{MP}}$ | | | | | | |
| 3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 = | d drawings of 50 sheets of Extra Sheets | or fraction thereof. Se ets Number of e | ee 35 U.S.C. 41(a | | CFR 1.16(s). of <u>Fee (\$)</u> | for small entity |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: | | | | | | |
| SUBMITTED BY | | | | | _ | |
| Signature D: | m.s.l | Z | Registration No (Attorney/Agent) | 43,094 | Telephone (46 | 08) 297-9733 |
| Jame (Print/Tyne) David | | | | | Date August | 15, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alan G. Yates

PATENT APPLICATION

Serial No.: 10/764,808

Group Art Unit: 2839

Filed: January 26, 2004

Examiner: T.T.T. Le

For: TEST SOCKET

<u>Amendment</u>

Hon. Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir or Madam:

In response to the Office action mailed March 14, 2005, the applicant respectfully requests reconsideration in light of the following amendments and remarks.